Board of Zoning Appeals

	Application No			
Type of Application: Variance(check one)	_ Appeal of Interpretation	Spec-Ex	Spec-Ex-F1	
Site Address:	Loudoun County Tax Map#			
Subdivision:	Section:	Lot:	Size:	
Property Owner:	Phone:			
Owner Address:				
Statement of Justification/ Need/ Hardsl (attach extra page if required)	nip:			
I am				
(Name, please print)				
(signature)	1	Date:		
Phone :				
Six Copies of a plat/plan of the property	and elevations and support	ing documents are	attached.	
DATE OF ACCEPTANCE STAI	FF PERSON ZONING	G DISTRICT	FEE	
DATE PAID / RECEIPT No/.	APPRO	OVED	DENIED	
CONDITIONS OF APPROVAL:				